Stepping Up Pennsylvania
Behavioral Health–Criminal Justice Policy Scan and Planning Project
Recommendations by Priority Area

Priority Area 1:
Improving local capacity to collect data and share information

Recommendation 1: Adopt and implement common definitions across counties to identify the target population and improve connections to care.

Recommendation 2: Implement universal mental health, substance use, and homelessness screenings with timely follow-up clinical assessment, as needed, to identify people experiencing homelessness, people who have SMI, and/or substance use disorders (SUDs) at booking.

Recommendation 3: Create a statewide database or data warehouse that local agencies can access with appropriate privacy protections to enable the collection, analysis, and use of data and allow for continuity of care as a person moves between systems and across counties.

Recommendation 4: Develop guidance for local jurisdictions about how to collect, analyze, and share data across agencies.

Recommendation 5: Whenever possible, specify that state and local agencies collect and report on particular metrics (e.g., Stepping Up four key measures).

Recommendation 6: Increase staffing capacity at the local level to support planning, coordination, data collection, and analysis across agencies (e.g., local coordinators, data analysts).

Recommendation 7: Align state information sharing and privacy laws for substance use and mental health with federal guidelines for HIPAA and 42 CFR Part 2.

Recommendation 8: Develop and issue guidance in plain language on what information can and can’t be shared and with whom across systems consistent with federal and state privacy protections.

Recommendation 9: Issue model forms that can be used across agencies/providers to share health-related information consistent with federal and state privacy laws and protections.

Priority Area 2:
Increasing local diversion as early as possible

Recommendation 10: Support, expand, and improve programs and policies to refer people experiencing symptoms of mental illness to treatment and stabilization before they are arrested and booked, including supporting and broadening Law Enforcement Treatment Initiative (LETI) programs across the state and clarifying the law of arrest and citation* to encourage the use of diversion in appropriate circumstances.

Recommendation 11: Improve the quality of diversion and treatment options for people who are charged or convicted. Encourage mental health courts to adhere to a standard set of best practices by (1) establishing a set of accreditation criteria and (2) giving funding preference to accredited courts.

*While Pennsylvania’s Rules of Criminal Procedure (441 and 591) require many people who are arrested on misdemeanor or summary offenses to be released on citation, the state’s statutory provisions authorizing warrantless arrests make no mention of these rules, an oversight that obscures opportunities for diversion. Police also lack the authority under state law to transfer people to appropriate facilities for detoxification.
Priority Area 3: Increasing local availability of and connections to housing

**Recommendation 12:** Formalize collaboration between housing, criminal justice, and mental health agencies at the state and local levels to improve housing outcomes for people with SMI in local criminal justice systems, especially those with repeated contact.

**Recommendation 13:** Increase availability of and connections to permanent supportive housing for people with SMI who have repeated contact with the justice system.

**Recommendation 14:** Ensure that people with SMI who have repeated contact with the justice system are considered in state efforts to enhance pre-tenancy and tenancy supports through Medicaid state plan amendments and waiver programs.

**Recommendation 15:** Reduce restrictions at the local level that prevent people with criminal records from accessing housing.